

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3328

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Saint Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn	c. LENGTH OF STAY (In this place) -----	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn 4161	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6232 Creston Avenue		d. STREET ADDRESS (If rural, give location) 6232 Creston Avenue 1.	

3. NAME OF DECEASED (Type or Print) a. (First) Tessie b. (Middle) c. (Last) Lemkemeier	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26th, 1951
---	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 21st, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 5	IF UNDER 24 HRS. Hours 5	IF UNDER 24 HRS. Min.
----------------------	-------------------------------	---	--	--	------------------------------------	----------------------------------	------------------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Louisville, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--

13a. FATHER'S NAME Conrad Draut	13b. MOTHER'S MAIDEN NAME Theresa Wagner	14. NAME OF HUSBAND OR WIFE Late Edwin Lemkemeier
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. W. K. Wark, 2536 Mc Daniel, Evanston, Ill.
--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years years 13 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SM Malignant Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) The Endo-Carditis - The Myo-Carditis - Valvulitis DUE TO (c) Double Purkinje dilatation.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **2-7-50**, 19 **50** to **1-26**, 19 **51**, that I last saw the deceased alive on **1-26**, 19 **51**, and that death occurred at **12:45P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Luke B. Simon M.D.	23b. ADDRESS 3734 - Jennings Rd.	23c. DATE SIGNED 1-27-51
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL, (Specify) removal - rails	24b. DATE 1/27/51	24c. NAME OF CEMETERY OR CREMATORY Louisville, Ky., Cemetery	24d. LOCATION (City, town, or county) (State) Louisville, Kentucky.
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 1-27-51	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.
--	---	---

RWR (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

400

Dr. L. B. Harrison
3734 Jennings Rd.
Ev. 1968
1 to 7 P.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ronald E. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.